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THE QUESTION OF THE FREQUENCY OF INFLAMMATORY AFFECTIONS OF THE CERVIX UTERI; AND ALSO THAT OF THEIR PATHOLOGICAL VALUE.

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[Communicated for the Boston Medical and Surgical Journal.]

FREQUENCY.—Inflammatory affections of the cervix uteri are thought by Dr. Robert Lee to be rare. The views of this author are shared, to a greater or less extent, by Dr. Ashwell and some others.

The grounds of disbelief in the frequency of these affections are derived from results of autopsies and of observation in the living subject.

Dr. Lee states that a large number of autopsies were made at the St. Marylebone Infirmary, and at St. George's Hospital, in which inflammation and congestion were found in but a small proportion, and ulceration of a doubtful character in but a minute proportion of the cases. One hundred and eighty uteri were examined at St. George's Hospital by Mr. Gray, who found redness, slight abrasions and granulations, sometimes, but not frequently—ulcerations never, except of a specific character. "In a considerable number of cases in which ulceration had been affirmed by others to exist, after repeated and deliberate examinations with the speculum," Mr. Gray ascertained that "ulceration did not exist in the os and cervix uteri—nor disease of any kind."

The result of Dr. Ashwell's observation through many years' experience was "decidedly opposed to the views of uterine pathology which had of late years been so industriously propounded." Out of a thousand (1026) cases of actual uterine disease seen by himself and pupils, only twenty-five were found to be instances of inflammation of the uterine neck.

Dr. Lee also states that he has frequently used the speculum, but has never seen *ulceration* of the os and cervix uteri, unless of a specific, and especially of a scrofulous* and cancerous character.

In opposition to the foregoing statements are opposed the expe-

* It is worthy of notice that Dr. Lee here acknowledges having seen *ulceration*—though called by him *scrofulous*.

rience of Drs. Bennet, Murphy and others who have been in the habit of using the speculum.

Dr. Bennet explains the results of *post-mortem* examinations at the Marylebone Infirmary, by recalling on the one hand, "the well-known fact" that "the most eminent pathologists often passed over important lesions without observing them, until their attention had been directed to them," and declaring, on the other hand, that when the above-mentioned researches were made, "the practical knowledge of the inflammatory lesions of the cervix uteri did not exist in the profession." Moreover, remembering that the females in question died from general disease without the existence of any uterine ailment having been suspected, the discovery of such lesions, even in a limited number of cases, is of itself, he thinks, a clear proof of the not unfrequent existence of the disease.

In reference to the cases quoted by Dr. Ashwell, he opposes his own observations, from which it results that out of three hundred cases presenting uterine symptoms, there were two hundred and forty-three of inflammation, and two hundred and twenty-two of ulceration. The discrepancy he explains by supposing that a speculum examination not being considered, at the time, by Dr. Ashwell to be warranted, the real nature of the complaint was not recognized in the majority of his cases.

Dr. Lee, also, we may add, objects strongly to the employment of the speculum, save in exceptional cases, relying upon the digital examination, which has been shown by Dr. Bennet to be *unreliable*.*

In confirmation of Dr. Bennet's position, Dr. Murphy† states that he has been in the daily habit of seeing cases of inflammation of the uterine neck, in all the stages of its progress. He has seen hundreds of cases of uterine disease, and declares that seven tenths were cases of inflammation of the cervix uteri.

The question of *ulceration* has been, also, further discussed upon a somewhat different basis. The fact of certain appearances being taken as a postulate, the question is considered, "Do these appearances denote ulceration"? Dr. Snow Beck replies in the negative, claiming that only abrasion has been proved to exist. Dr. Lee acknowledges having seen *excoriations* or *granulations* upon an intensely-red base (an important admission, we may remark by the way); and the writings of Dr. Snow Beck (also, until recently, those of Dr. Tyler Smith) tend to the point that these are in reality the appearances described by Dr. Bennet as ulcerations; that there is in them no solution of continuity, and, consequently, that they do not deserve the title of ulcerations.

Dr. Bennet, on the other hand, quotes authorities to sustain his use of terms, and states that in the appearances he describes, the granulations may be "large, fungous, livid, and bleeding at the slightest touch."

* M. Dupuytren also observes that "mucous ulceration" of the cervix uteri may be easily overlooked if we proceed no further than to an examination with the finger.

† Of University College, London.

Dr. Murphy also says that in the cases he alludes to (as cases of ulceration) there would be found "a circumscribed inflammatory surface secreting pus"; and implies the question—"what is the inference in regard to such an appearance"?

An answer to this question may be found in the results of the brilliant researches upon the subject lately conducted by Dr. Tyler Smith. Dr. Smith states that in the course of his microscopical investigations of the cervix uteri, the basement membrane, with its superimposed epithelial layer, was found to cover numerous villi or papillæ.

Now, Dr. Smith states that with the assistance of Dr. Hassall he has examined many cases of "abrasion or superficial ulceration." In a portion of these cases there was merely a loss of epithelium, and he declares that in analogous states in the living subject, the mucous surface is of an intensely red color from the presence of the naked villi, with their vascular loops, and conveys the "velvety" sensation which has been described as indicative of ulceration; the villi, in this condition, standing out like the "pile of velvet," and being in some cases considerably enlarged. But, "in other cases there is not merely loss of the dense epithelium, but the villi, both of the external surface of the os uteri, and of the mucous surface within the labia uteri, are destroyed in patches. In that condition of the os uteri, which upon examination after death would be pronounced *undoubted superficial ulceration*, the state which generally obtains is partial or entire loss of the epithelial layer in circumscribed patches, and here and there *the loss or partial destruction of the villi.*" * * * * "Sometimes small circumscribed *ulcers* are seen, in which the denuded or partially denuded villi are found surrounding the edge of the small ulcer, *the area of the ulcer itself being bare of villi*, or the ragged debris of villi, and their vascular loops, appearing at the bottom of the ulcer."

Again, he says, by far the most common lesion is "*epithelial abrasion*"; but there is a second grade in which "*the villi and occasionally the base from which they spring*" are affected by a "*superficial ulcerative process*, which may be designated as *villous abrasion, erosion, or ulceration.*"

Finally, we quote the following words of Dr. Smith. "In one case which I examined after death, not only the villi, but *portions of the lower rugæ* in the glandular portion of the cervix were eaten away."

Now, what shall we conclude but that there is such a thing as *ulceration* of the cervix uteri, though less frequent than an antecedent stage of the inflammatory process—viz., *abrasion*. The distinction between these two states we believe to be not always borne in mind, and to be not always easy. It is, however, not of the highest practical consequence. For, although *other things being equal*, a less degree of disease will cause less suffering than a greater, yet in practice the "*other things*" are so far from being

actually equal in different cases of female complaints, that I had almost declared the intensity of the symptoms to bear a correspondence less close to the intensity of the disease, than to the idiosyncrasy of the patient.

To revert to the question of the absolute frequency of ulcerative appearances, we have seen that Dr. Bennet found them in two hundred and twenty-two out of three hundred cases presenting uterine symptoms. We will add that Mr. Whitehead, as the result of very extensive observation, found them to be a very frequent occurrence in the females of the city of Manchester. But, finally, last but not least, we have the statement of Dr. West, of London, in a work lately written to *disprove* the pathological importance of the ulceration of the os uteri, that of sixty-two uteri taken from patients who died in the medical wards of St. Bartholomew's Hospital, of *other than uterine disease*, seventeen were affected with ulceration of the os (a most striking fact under the circumstances); and that out of two hundred and sixty-eight cases in which the speculum was used in the living subject, the os uteri was found to be the seat of ulceration in one hundred and twenty-five.

We consider, therefore, the frequency of ulcerative appearances, at least as well as of other forms of inflammation, fully proved.

We have now a word to say upon the *pathological value of inflammatory affections of the uterus*. From the general tone and drift of Dr. West's paper, already referred to, and of the remarks of those who, as reviewers, have eulogized it, one might be led to infer that not alone *ulceration* was under consideration, but that *inflammatory diseases* generally had been the object of his investigations. Dr. West dogmatizes as though he had shown that the diseases requiring ocular inspection of the womb must be comparatively rare, so much so that the employment of the speculum must therefore seldom be requisite. He combats the modern views of uterine pathology which locate, so often, in the *uterus* the source of *uterine* symptoms, compassionating its supporters as mistaken enthusiasts, and, while acknowledging that ulceration of the os uteri is not absolutely unimportant, intimates the more frequent dependence of uterine ailments on constitutional causes. These conclusions would seem, from his course of remark, to flow as deductions from his observation of numerous cases examined by the speculum. His results are given in the form of tables, and, so far as they go, are admirably presented. But, an examination of these tables, and even his own summary of results, when he distinctly presents it, shows that no such conclusions as the above are warranted by his statistics. The only inferences deducible affect, not inflammatory affections generally, but only *ulceration*—and that, simply in comparison with other uterine affections, other forms of inflammation, for all that appears to the contrary, among the number.

Out of 1226 cases, in 268 the symptoms appeared to Dr. West to justify the use of the speculum. From these 268 cases (which he divides into two classes—those in which the os uteri was found to

be the seat of ulceration, and those which showed no sign of that condition), he chiefly draws his conclusions, though for some purposes, he properly compares them with other cases.

Some of the most important results which he deduces from the above cases, are, that, while "menstruation was found to be oftener excessive, leucorrhœa to be more frequently profuse, in cases where the os uteri was ulcerated," (and in like manner, he says "the existence of that condition seems to be accompanied by pain diffused generally over the whole pelvic region more frequently when the os uteri is ulcerated than when ulceration is absent"); and, while "the symptoms"—"identical in character in the two classes of cases"—"seem to present a slightly-increased degree of intensity in those instances in which ulceration of the os uteri existed—yet, "uterine pain, menstrual disorder, and leucorrhœal discharges—the symptoms ordinarily attributed to ulceration of the os uteri—are met with independently of that condition almost as often as in connection with it."

Now, I would briefly ask, what is there in these conclusions, which if they had been enunciated by Dr. Bennet himself would be inconsistent with his teachings? Is it to *ulceration* that his catalogue of *symptoms*, strictly speaking, is referred? Does he not constantly consider *inflammation and ulceration* together, save in speaking of those local changes—the *consequences* of ulceration (as, for instance, hypertrophy) which he sees fit to term the *anatomical symptoms* of the latter state? Nowhere, so far as I know, does Dr. Bennet or any other observer assign to ulceration the predominance above intimated over at least other inflammatory affections of the cervix uteri.

Let us now, by way of further example, analyze some of the results of Dr. West's first table—that prepared with reference to the relation between ulceration and *sterility*.

In 930 healthy women delivered by pupils of St. Bartholomew's, the average number of children to each marriage was 4.17.

In 980 patients with uterine symptoms, examined or not with the speculum, the average number of children to each fruitful marriage was 2.7.

In 125 patients* *with* uterine symptoms, examined with the speculum, in whom *no* ulceration was found, the average number of children to each fruitful marriage was 3.3; in 117 patients *with* uterine symptoms, and *with* ulceration, as shown by the speculum, the average number of children to each fruitful marriage was 3.5.

In the total number (980) of patients with uterine symptoms,† the proportion of sterile marriages was 1 in 8.5. In those of the above who were examined with the speculum (125 in number) and found not to present ulceration, the proportion of sterile marriages was 1 in 5.2. In the remainder (117) in whom the specu-

* It should be noted that no statement is given as to whether or not other forms of inflammatory affections than ulceration existed in these 125 cases.

† The clause *capable of affording statistics in this connection* should be inserted.

lum showed ulceration, the proportion of sterile marriages was 1 in 7.3. *But no statistics were obtained of the proportion of sterile marriages in healthy women, or women without uterine symptoms.*

Now, as says Dr. West himself, "we cannot but be struck with the great diminution in fecundity in those women who were suffering from ailments of the generative system;" and we may add that to those who will believe that in the absence of proof to the contrary, the larger portion of these cases was made up, wholly or in part, of inflammation (their belief being founded upon the statistics of West himself as well as upon those of Bennet), the above facts will be confirmatory of the influence of *inflammation* upon conception.

"This result, however," Dr. West remarks, "instead of being more marked in cases of ulceration of the os uteri than in those where no such condition existed, appears in reality to be less so."* In reply to this proposition I would ask, who has alleged the greater or less influence of *ulceration* in this respect? Has any one made ulceration the cause of sterility, instead of placing it *among* the causes of that state? Has, in fact, ulceration been dwelt upon as (more than other forms and terminations of inflammation) a specially active cause of sterility? Certainly it has not been thus dealt with by Mr. Whitehead or Dr. Bennet.

Mr. Whitehead enumerates the causes of sterility thus—"diffuse chronic endo-enteritis; morbid states of the uterine and vaginal secretions—their deleterious effect upon the spermatie animalcules." "Chronic endo-enteritis," he says, "or what may be called irritable uterus [*not ulceration*], is in fact one of the most frequent causes of sterility."

In the 9 cases of sterility reported by Mr. Whitehead, the attending lesions mentioned are sanious leucorrhœa and infirm health; sanio-purulent leucorrhœa, endo-enteritis, dysmenorrhœa, secondary syphilis, procidentia uteri, profuse leucorrhœa, ulceration and erosion. In none of the above cases is ulceration set down as the sole diseased condition, and in four only is it mentioned as occurring at all.

I rise, in fine, from Dr. West's work with the impression that while the large proportion of speculum examinations which revealed ulceration by Dr. West are of great value as confirming the experience of Dr. Bennet and others, in relation to the frequency of ulcerative appearances (the observations being made by one who would not be likely to see the lesion in question, *where it did not exist*), the former observer's statistics do not invalidate any of Dr. Bennet's positions, unless it be, perhaps, to a certain extent, the influence of ulceration upon hypertrophy.

In conclusion, I would remark in relation to the pathological value of inflammatory diseases of the cervix uteri generally, that while the causes to which female ailments were formerly assigned,

* In justice to Dr. West, it should be stated here that he observes that "the number of facts from which this table is constructed are too few to justify any such inference" as that sterility is less likely to occur where there is ulceration than in other cases.

were vague and unsatisfactory, and their treatment inefficient, the modern uterine pathology, in ascribing those ailments in a large degree to uterine inflammation, is, to some minds at least, tangible and rational, and the modern treatment productive of the removal of the symptoms. In a word, females present themselves with certain abnormal appearances at the cervix uteri, and with certain symptoms. A certain course of treatment is adopted, *unlike that formerly employed*, and as a general thing the abnormal appearances are removed, and *unlike what formerly happened*, the symptoms take their departure.

May, 1853.

OBITUARY NOTICE OF DR. RUFUS LONGLEY, LATE OF HAVERHILL.

[Read before the Essex North District Medical Society, by K. FLINT, M.D., and communicated for the Boston Medical and Surgical Journal by a vote of the Society.]

GENTLEMEN,—The general law of mortality teaches us, with mournful eloquence, the frailty of human nature. Death has repeatedly invaded the circle formed by the members of this Society, and summoned one and another to leave these earthly scenes. And now, again, we are admonished that we are mortal. The large and noble form that, till recently, was here, so firm and vigorous, has fallen before the shaft of the great destroyer. The seat of our professional brother, Dr. Longley, is this day vacant; and it is due to ourselves, as well as to departed worth, to notice the exit of one so distinguished for public usefulness and private virtues, by a sketch of his life and character, as a testimonial of our respect, and a memento of his honorable connection with this Society.

RUFUS LONGLEY was born in Shirley, Mass., July, 1789. He pursued his preparatory studies at Lawrence Academy, Groton, Mass., and entered Harvard University about the year 1807. After leaving that institution, he commenced the study of medicine in the office of Dr. Prescott, of Groton, and took his medical degree at Dartmouth College. In the year 1812, at the age of 23, he opened an office for the practice of medicine and surgery in Haverhill, Mass., where he practised forty-three years.

Nature had bestowed her favors upon our departed friend with a liberal hand. She had given him a large and well-developed physical frame, a fine form and commanding appearance. He was also endowed with high mental qualities, quick perception, retentive memory, an ardent love of truth, and every social quality. He did not neglect his talents. By observation, study and experience, he cultivated his intellectual powers, and acquired a fund of knowledge and strength of judgment, which fitted him for that high position in society which he attained as citizen and physician.

As a citizen, he took a lively interest in the affairs of the town, and an active part in everything pertaining to its general welfare and prosperity. His ability, integrity and concern for the public

good often led his fellow citizens to place him in positions of responsibility, which he filled with dignity and faithfulness. He was not less distinguished for his business talents, which he employed for the most part in the banking interest of the place. For many years he was president of the Savings Institution; and he was also president of the Merrimack Bank at the time of his decease. At a meeting of the officers of all the banking institutions in Haverhill, resolutions were passed expressive of their deep regret at the death of their highly-esteemed friend and faithful associate—of his fidelity, integrity and ability in all his business relations—of his kindness and courtesy in all his official and social intercourse—and of his useful and estimable character as a neighbor and citizen. Higher encomiums could hardly be passed, and yet they were just and deserved.

But it is as a physician that we are particularly interested in the subject of this biographical notice. As such, Dr. Longley was "a workman that needeth not to be ashamed." He was a physician not merely by profession, but by the necessary qualifications of a physician—by a mind, naturally strong, and trained to hold the subject of thought till it was examined in every relation—by a good foundation for professional eminence laid in a regular course of study at the commencement of his professional career—by a rich fund of knowledge gathered from his frequent intercourse with books—by the advantage of a constant and careful observation of disease—and by long experience in the application of remedial means to the cure of the many ills of life. From these sources, he derived a medical skill, an intuitive perception, by which he was able readily to distinguish the true malady and apply its appropriate remedy, and by which he gained the popularity of a successful practitioner. And thus he secured to himself a permanent and honorable residence among a people, who could appreciate in some degree the skilful discharge of his professional duties.

Dr. Longley was extensively known and highly appreciated by the medical profession. Though he never sought for professional honors, he occasionally received them from the various societies to which he belonged. From the varied qualities of his mind, natural and acquired, he possessed a weight of character which gave dignity and importance to all occasions. He was one of nature's noblemen. Intellectual, suggestive of thought, easy in communicating, free of access, open, frank and cordial, he enjoyed a rare degree of popularity with medical men. Physicians will bear testimony to his courtesy, his honorable deportment and noble bearing on all occasions. In consultations, he was fair and honorable; and kindly observing the rules of professional etiquette, he showed a becoming respect to the attending physician, while he gave satisfaction to the patient.

His relations to his own patients were cordial and affectionate. He approached them with mildness and cheerfulness, and with a characteristic firmness of demeanor which bespoke his interest in

them and secured their confidence in him. Well informed as to disease in general and a close observer of it in each individual case, his decision with regard to its nature and progress, its diagnosis and prognosis, were remarkably correct. When asked by the patient or friends his opinion, it was always candidly given. It was no part of his creed that the good of the patient required him to sacrifice the integrity of his character, by concealing the nature of the disease and its probable result in the case. What he said could be depended upon as his true opinion.

As to treatment, he had full faith in the efficacy of medicine as taught by the followers of Hippocrates—the school of age, wisdom and science—the only school which, untrammelled by dogmas and systems, is free to choose all that is good and refuse all that is evil in remedial means—the school which has discovered most that is valuable in medical science, whose principles are founded in the demands of our nature, and whose pre-eminent success will secure its popularity and general acceptance so long as disease shall afflict the race. Such was the system of treatment which he practised for nearly half a century; which he often carried to the bedside of the poor and ungrateful, without reward other than the luxury of doing good, and which in a great measure subdued the pains of his own last trying sickness, and smoothed his passage to the grave.

He manifested a good degree of perseverance in the practice of his profession. Night and day, rain and shine, alike found him pursuing his accustomed rounds. This practice he continued in spite of his disease, up to the time of his last sickness. He was moved by the kindest feelings of humanity towards those who asked for his sympathy and aid. The poor as well as the rich shared his skill with gratitude, and manifested their sympathizing sorrow in his last sickness, by their many anxious inquiries for his health, and their eagerness at last to see his remains and pay their sympathizing tear.

In the private relations of neighbor and friend, he was kind and obliging. In strife between others, he assumed the character of a peace-maker, laboring to restore them to each other's confidence and friendship. In his domestic relations he was kind and indulgent. The loss of an affectionate and amiable daughter, many years since, left a wound in his mind that never was healed. In his last sickness he consoled himself with the thought that he should dwell with her in immortal life. From his earnest concern for a preparation to depart, and from the expressions that fell from his lips, we have the consolation of believing that he obtained peace and pardon, and left the world with a sustaining hope of a better life.

The malady which terminated his useful life, was dry mortification of the left foot and leg. This fatal disease was preceded by an attack of angina pectoris, of which he had had several within the last seven years. The symptoms of these attacks were a fee-

ble and irregular pulse, difficult respiration, accompanied and generally preceded by severe gastric symptoms, and relieved by stimulants, anodynes and cathartics. The symptoms in the intervals were, for the most part, a severe distress a few inches above the heart, with pain in the arms, and produced by quick walking, especially up hill, or by mental excitement, and were generally relieved by rest and composure. The progress of the disease did not seem to be so marked the year or two next preceding the last year of his life, during which he abstained from animal food, and made frequent use of the hyd. potas., by the advice of the lamented Dr. Peirson of Salem.

The 23d of February was remarkably cold and windy. The doctor was that day about his business as usual, breasting the northern blast with a wounded heart. He complained at night of feeling unwell, and the next morning, of coldness, and distress in the feet which had afflicted him more or less for two years, loss of appetite, and by 9 o'clock a severe pain in the epigastric region, for which he took one third of a grain of morphia, and repeated it at 2, P.M. About 3 o'clock I was called, and found him with a pulse irregular, intermittent and scarcely perceptible—so oppressed at the lungs as to require the open air for relief, and at the same time cold and shaking as in a fit of ague. Diffusive stimulants were immediately administered, and repeated as often as required, till these alarming symptoms were removed.

From this time, February 24th, to the 27th, he was gradually recovering; and the most sanguine hopes were entertained of a speedy restoration to his usual health. This would in all probability have been the case, had not a new and unexpected disease surprised us, viz., the dry mortification of the left foot and leg. After a comparatively comfortable day on the 27th, I was unexpectedly summoned to his bed-side at midnight, and found his friends using friction upon his left limb to relieve the violent pain with which it was exercised. Although painful, it was palsied in the extremities, and insensible to the touch. By immersion in a hot alkaline bath, the pain was much abated and the power of motion and sensation returned. But this restoration was of short duration. The paralysis returned, and the pain, which seemed to originate in the deep-seated nerves, was again overcome by hot baths, with the addition of an occasional dose of morphia, while the action of the heart was sustained by stimulants, and the oppression at the lungs was relieved by fresh air. By these means he was made comparatively comfortable till the next night, when the pain became terribly severe, and resort was had to ether by inhalation, which was used as the severity of the pain required.

The next day the doctor was kept very much under the influence of morphia, while the limb assumed a dark mottled appearance, and had but slight sensation near the knee-joint. The following day there was but little pain, and the death of the part was nearly complete. He remarked that there seemed to be something be-

tween the hand touching the leg and the seat of sensation, as though the sensitive part was not reached by the hand.

Thus in three or four days, the foot and leg to within a few inches of the knee-joint passed from an apparent state of health to one of mortification, which became dry and hard in places before his death. After this, there was but little pain or distress in the limb, except when it became necessary to change its position; but he was continually harassed by severe gastric symptoms, which were greatly relieved by stimulants—as wine, brandy, ether or camphor. The hiccough was quieted by the use of hydrocyanic acid, every two hours when necessary.

By the sixth of March he had become more comfortable, with the exception of an occasional hiccough, and continued so through the 7th. During these two days his mind was clear and cheerful, and he enjoyed the intercourse of his friends in a high degree, and was able to dwell with lively interest upon those subjects which most intimately concerned him as an immortal being soon to pass to his unchanging state. On the 8th, 9th, and 10th, he grew regularly worse; his tongue became dry and his mind bewildered; and after a distressed night, he sunk to his rest a few minutes before 6 o'clock on the 12th of March, 1855.

Post-mortem examination of the body was made nine hours after death—Drs. George Cogswell, Crowell, How, William Cogswell, Chase and Flint being present.

The sternum, with a portion of the ribs on each side, was raised and presented to view, with the lungs, stomach, liver, &c., all of which were healthy. Removed the heart with a portion of the aorta. The aorta was normal. The semilunar valves were ossified in their central portions. About one third of each valve was ossified. Spicula of bone were traced in the course of the coronary arteries. The muscular substance of the heart, which was of the usual size, was less firm and more easily broken down than in the normal state.

Between the disease of the heart and the mortification of the limb, there was manifestly a connection as between cause and effect; but whether it was direct by enfeebled and diminished circulation, or indirect through the brain and nervous system, it might be difficult to say, though the former is probably true.

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Case of Angular Curvature of the Spine. (Under the care of Dr. CABOT. Reported by A. HOSMER, House-surgeon.) Wm. N., æt. 18, Norwegian; seaman. Admitted April 30, 1855. The patient, a strong, healthy-looking boy, with no indication of a scrofulous diathesis, says that ten months since, while at sea, he fell a distance of six feet, striking his back, at the upper part of the lumbar region, upon a large spar. The in-

jury was a source of no immediate inconvenience, causing but little pain, and no soreness or lameness.

About two months ago, he began to have pain and soreness in the region of twelfth dorsal vertebra; these symptoms were much aggravated by any use of the legs. He then first gave up work, and from that time to the present, there has been no material change in his rational symptoms. Of the appearance of the part, he knows nothing. Now, patient's appetite is unimpaired, has no unusual thirst, pulse is natural, tongue clean, nights good and bowels regular. He has never had pain or numbness in his lower extremities. His gait is rather unsteady, and he stoops slightly; has some lateral curvature in dorsal region, the left scapula being a little higher and more prominent than the right. The spinous process of the last dorsal vertebra projects nearly half an inch, and about it there is some swelling, together with a circular patch of redness an inch and a half in diameter. There is tenderness along the spine from the middle of the dorsal region down to the sacrum, but it is most marked midway between these two points.

When perfectly quiet, patient has but little pain, and can lie in any ordinary position without uneasiness.

May 3.—Had lin. sapon. et opii applied between scapulæ, and ol. croc. tigilii on each side of swelling below.

10th.—Begins to have pain in thighs and legs. *R.* Potassii iodidi, gr. ij.; decoct. sarsap., ℥ij. *M.* Ter in die.

13th.—Has more pain than at last report, and walks with a good deal of difficulty.

16th.—Pains in lower extremities are rapidly increasing in severity, and interfere with the patient's sleep.

Patient was taken to the operating theatre and etherized. Dr. Cabot applied the actual cautery along each side of the angular curvature.

20th.—Since the operation patient has had no pain in his limbs, and can walk with much more ease than before.

25th.—Has not the slightest return of his old symptoms, and his whole condition is very satisfactory.

Reports of Medical Societies.

The Suffolk District Medical Society.—(Reported by the Secretary, J. B. ALLEY, M.D.) The Society held its regular monthly meeting for Medical Improvement, on Saturday, April 28th, 1855.

Dr. BOWDITCH exhibited a specimen of blighted ovum. The cord and umbilical vessels appeared very distinct.

Dr. JACKSON remarked that the specimen was an interesting one, particularly from the frequency of such cases, and the very slight allusions which are made to them in obstetrical works. These blighted ova are often retained beyond the usual term of pregnancy. In this case, the ovum was supposed to be three months old, not larger than a hen's egg. The embryo is not larger than at six weeks. The ovum is in a diseased state, and contains much blood, probably effused at a former time, and constituting what is called apoplexy of the placenta. These cases are also interesting from the degree of suffering which they give rise to. It seems probable that these changes generally occur at the eighth week, a frequent period of abortion, but often the mass is retained for a long time, and is then thrown off

with much pain. The mass sometimes appears disorganized; but, upon careful dissection, the embryo and the cord may be detected. The dissection should be made under water.

Dr. WATSON reported a case in which he had recently vaccinated a woman and her child. The vaccination took well in both, but in ten days the woman was seized with severe pain in the back, and in the course of three days the genuine eruption of smallpox appeared, distinct on the body, confluent upon the face. In the above-mentioned cases, the vaccine vesicles in both mother and child were round, dipping, and well filled with a transparent fluid.

Dr. MINOR called the attention of the members to a new preparation of manganese and iron, which he had made use of in some recent cases with much success. It consists of the saccharated carbonates of iron and manganese, and is well adapted to all cases where the preparations of iron are indicated. The advantages of this combination are its small bulk, and the fact that it does not constipate the bowels, as some preparations of iron are apt to do. The dose is five to thirty grs. This preparation was first recommended to the profession by Dr. Speer, of Edinburgh, from whose account of its effects, in an English Journal, Dr. M. obtained the formula.

Dr. JACKSON remarked that he had used the preparation of manganese without the iron, but thought that a combination of the two articles might prove more efficacious.

Dr. AYER reported the following case of erysipelas. The patient, a married woman, scrofulous, of a tuberculous family, was seized with swelling of the glands of the neck, accompanied by pain, fever and tenderness. In the course of four or five days the swelling increased, and a redness appeared which extended towards the eye, and assumed a decided erysipelatos aspect. There was also tumefaction and hardness. The treatment adopted was the exhibition of quinine. The interesting point in the case is that the swelling of the glands, which appeared almost ready to suppurate, subsided as the erysipelas manifested itself.

Dr. BOWDITCH reported the following case. The patient, a man *æt.* 50, was suddenly seized with a severe pain in the ball of the great toe, with much swelling and tenderness. Dr. B. saw the patient about two hours afterwards, and found him suffering extremely. The suddenness of the attack led Dr. B. to suspect that it might be an attack of gout. In two days a purulent deposit appeared underneath the thickened skin over the toe-joint, which opened spontaneously. The pain extended up the limb, and about the eighth or tenth day the discharge diminished. Dr. Hayward enlarged the opening, and for a few days there was a slight discharge. Gradually this subsided, and the aperture closed. The whole disease seemed to centre in the ball of the great toe, which was swollen, red and shining, and presented the appearance of a deep-seated abscess. On the fifteenth day an exploratory trocar was introduced, but no pus was discovered. A few days afterwards, the pain and swelling having increased, the patient was etherized, and an incision made on the outside of the first joint of the great toe. No pus followed, and the bone was not found to be denuded. The following day a decided purulent discharge occurred, and the toe now remains about twice the size of the other. Dr. B. inquired if any one could give him an idea of the diagnosis.

Dr. CABOT asked if the periosteum had been entirely divided?

Dr. B. replied that he thought it had.

Dr. MINOR inquired if the urine had been examined?

Dr. B. replied that it had not been, chemically, but that there had been no deposit, and only once a slight cloudiness had been observed.

Dr. HALL read the following statistics of successful operations for tracheotomy:—

Malgaigne, in his lectures of 1853 and 1854, gave Trousseau's statement, made in 1843, of the result of tracheotomy—

Trousseau operated	117 times,	cured	28
Bretonneau, "	28 "	"	6
Guersent, "	27 "	"	12
Velpéau, "	6 "	"	00
Roux, "	6 "	"	00

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46—1-4th.

M. Guersent said, in his lectures of 1853 and 1854, that he had not been so fortunate in his operations since 1850.

In that year he operated in Hospital	20 times,	cures,	6
1851,	31 "	"	12
1852,	59 "	"	11
1853,	61 "	"	7

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36—about 1-5th.

During this time he operated out of the Hospital 87 times, and cured 16—about 1-5th. M. Bouchut, in his book upon children, gives his own experience and that of some others, upon 198 operations, saving 57—between 1-3d and 1-4th.

Bibliographical Notices.

A Practical Treatise on the Diseases, Injuries and Malformations of the Urinary Bladder, the Prostate Gland and the Urethra. By S. D. GROSS, M.D., Professor of Surgery in the University of Louisville, etc. Second edition, revised and much enlarged. Philadelphia: Blanchard & Lea: 1855. Svo. pp. 925.

On the appearance of the first edition of this work, the leading English medical review predicted that it would have a "permanent place in the literature of surgery, worthy to rank with the best works of the present age." This prediction has been amply fulfilled. Dr. Gross's Treatise has been found to supply completely the want which has been felt ever since the elevation of surgery to the rank of a science, of a good practical treatise on the diseases of the bladder and its accessory organs. Philosophical in its design, methodical in its arrangement, ample and sound in its practical details, it may in truth be said to leave scarcely any thing to be desired on so important a subject, and with the additions and modifications resulting from future discoveries and improvements, it will probably remain one of the most valuable works on this subject so long as the science of medicine shall exist.

Our space will not allow of an extended analysis of the work, and this is the less necessary, as it is already widely known and appreciated. The book commences with a description of the anatomy of the perineum, of the bladder, of the prostate gland, and of the urethra, and the nature and composition of the urine. The diseases of the urinary organs next follow, which are divided into those of the bladder, of the prostate gland and of

the urethra, and include malformations and injuries. These are treated in the most thorough manner, the author giving, in addition to his own extensive experience, that of every author of any value who has written on the subject. The text is abundantly illustrated with well executed engravings, representing the anatomy and morbid appearances of the parts, and the various instruments used in the treatment of these diseases.

We wish we had room for extracts from Dr. Gross's work, but we must confine ourselves to the following, as a specimen of the philosophical mind of the author.

"The question as to the impermeableness of stricture, so important in a practical point of view, can be decided only by an appeal to individual experience, not by angry discussion, which is generally, in matters of this kind, as disreputable to those engaged in it as it is injurious to the true interests of science. Observation, which is every thing here, must be the sole and exclusive arbiter in the case; controversy can do no good; and misrepresentation must do harm. When Mr. Syme, concerning whose views upon this subject so much has of late been said and written, and that, too, in no very smooth and measured tone, declares that he has never met with an impermeable stricture, are we not obliged, by all the rules of courtesy and good-breeding, to believe him? We have no right to doubt his word, or to impugn his motives. His position as a teacher and author, his age, his experience, and his acknowledged skill as an operator, all pre-eminently entitle him to this consideration. To discredit the statements of such a man is to cast an imputation upon the whole fraternity. The question is one, I repeat it, solely of individual experience, of individual skill. It cannot be denied that one man is more adroit in the exercise of his profession than another. We often see proofs of this in the most simple, as well as in the most difficult operations. The introduction of the catheter affords a familiar illustration. It is no vain boasting when I declare that I have frequently succeeded with it after others had signally failed. Now, the same thing is true in regard to stricture. Cases continually arise where one surgeon is completely foiled in his endeavors to pass an instrument, in which another, perhaps a little more dexterous, patient, and experienced, readily succeeds. Skill, like knowledge, is relative. It is not possessed in an equal degree by all practitioners. Those who enjoy it in the greatest perfection often perform exploits which, to ordinary men, appear insurmountable. If Mr. Syme can do what no one else has done, is it hence to be inferred that he asserts what is not true? Such a conclusion, to say the least, would not be very philosophical. Let us rather conclude that surgery, like the army, has its generals, and that God has not endowed all practitioners of the healing art with the same mental capacity and manual dexterity."

The present edition is enlarged by upwards of two hundred pages, and by seventy-eight illustrations. Among the former is an Appendix containing an elaborate article on the prevalence of "Calculus Disorders in the United States and Canada," constituting, it is believed, the first attempt that has ever been made to systematize our information upon that subject. These additions render the work still more worthy of the high place it holds in medical literature. For sale in Boston by Ticknor & Co.

Thirty-first Annual Report of the Officers of the Retreat for the Insane at Hartford, Conn. April, 1855

This establishment, under the Superintendence of John S. Butler, M.D., had under treatment during the past year 355 patients, and discharged 162, of whom 73 recovered, 23 were much improved, 15 improved, 34 not improved, and 17 died. A new "Lodge," capable of accommodating eight patients, has been built, and is destined, we presume, for such females as are obliged to be confined to their apartments. This building is thoroughly ventilated, and each room is provided with a close-stool, so arranged that

none of the foul air escapes into the chamber. The "Report of the Medical Visitors" speaks favorably of the condition of the Institution.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 7, 1855.

REMUNERATION FOR INJURIES BY ACCIDENTS UPON RAILROADS.

UNFORTUNATELY there has been frequent occasion for the presentation of this subject to the public; within the last two or three years, more especially, the lack of stringent regulations or the disregard of these by reckless or incompetent officials, together with the hot haste so characteristic of our people, have been the means of sacrificing many valuable lives and often depriving helpless and afflicted families of their only stay and support.

Legislative action has been appealed to, and requisitions imposed, which it is to be hoped will diminish the number of such wholesale murders; but it is wonderful how soon the horror at these too common occurrences fades from recollection. There are many from whose memory it can never pass away; many to whom the shrill whistle of the steam-escape is a knell—calling to mind that after one such shriek, two years ago, a whole rail-way train plunged with its precious living freight into a watery gulph, and those who escaped did so only by the interposition of Providence.

This is hardly the place to say how greatly exposed travellers still are, notwithstanding such warnings, to loss of life or limb when they commit themselves to the conveyances whose safe management should be guaranteed to them; but we may be excused for a few words upon this topic. Not only have managers and employees been blameable for accidents upon our rivers and railways, but it has been often and fully proved that passengers themselves have incited or prolonged the race and instigated the risk upon the track. If a conductor or an engine-driver, knowing his watch to be, two or three minutes only, fast or slow, still ventures to "guess" that he can reach a given point before the arrival of a train which is due at a certain moment, and, by his *guessing*, brings about a collision attended by great loss of life, he should be made as amenable to the law which punishes manslaughter as any one else who commits that act. Yet, if it happen that the other train is avoided, even by an hair-breadth distance, the official, under whom the danger is thus criminally incurred and barely escaped from, is made at once quite a hero, and clapped on the shoulder with a *bravo* for the performance of the feat! Must we travel at the mercy of such experimenters? Surely they who, by approval or open urging, become participators in the crime, should suffer equal penalties.

We wish more particularly to call attention to the discrepancy of the remuneration afforded to two classes of sufferers. It often happens that, from motives of natural sensibility and delicacy, the relatives of those who are killed refuse to institute suits against the Corporations by the carelessness of whose servants their friends have been taken from them. It is a sad thing to handle the money which is to them the price of blood! A father, perhaps, has been cut down in the prime of life in this awful manner—they depended in great part, or wholly, it may be, upon his exertions for support—it is taken from them in a moment! None can restore it. Shall there be no amends made? Why yes—the Corporation is willing to "allow" (that is the term which replies to the destruction caused by its offi-

cials), say, the sum of five thousand dollars;—its interest is \$300,—or by management, possibly a little more may be gleaned from it—and this is the *remuneration* for the loss of the right hand whose labors fed wife and children, and aided others too! Does the word remuneration apply here? We set aside everything but the mere figures; we do not bring into the account the *incalculable* loss sustained—but we wish to know if any body of men, who are made liable in this way for damages, consider such sums as *remuneration*?

On the other hand, when life is mercifully spared, and the injured person prosecutes for damages, we find that juries, in nearly every case, fix the sum to be paid at a higher rate than the Company would offer to the friends of the dead. Where is the justice of this, except in instances where the individual has been crippled for life? Certainly if he have so far recovered as that he can resume his usual occupation, there is no *more* reason (we think much *less*) that he receive a larger sum than those who have lost the whole means of support.

A verdict has lately been rendered in a case which offers an illustration of this point, and our remarks have been prompted by this example, in connection with that calamity which bereft our profession of several honored and eminent members. A physician who was in the train when it was hurled into the river at Norwalk, and who, by reason of the injuries received and subsequent illness, cannot practise his profession so actively as before, has just been awarded \$16,000 as damages to be paid by the Railroad Corporation. We have not one word to say against this verdict—we consider it a righteous one, if sufficient proof has been rendered of serious harm done, and that the power for exertion is greatly diminished. But there are other cases, harder than this, where the same inexcusable recklessness took the husband and the father at once away from responsible duties and invaluable professional labors;—the hand that provided was stricken down forever—and, to make good the want thus forced upon many a dependent family, five thousand dollars is “allowed”! So it turns out less expensive to kill a man outright, than only to injure him more or less extensively. By this rule, Corporations are fortunate *in proportion to the number killed*; the greater the slaughter, the less their pecuniary loss. Conclusions of this nature are rarely arrived at in other matters.

There are but few who would be willing, when thus bereaved, to encounter the publicity of a court of adjudication; and so, often, those who have lost the most, get the least restitution.

What then, it may be asked, would you have done? Shall every family from which its right arm of strength is taken, receive from the Company who incur the responsibility so large a sum as sixteen or twenty thousand dollars? Yes, say we—this is but paltry and partial reparation—it can never merit the title of a *return*! You cannot, by gold, to an untold amount, *remunerate* them; you are bound to supply the wants fully answered by the head of the family whose life has been taken away. The amount is heavy, we are told; so is the incurred debt: if the payment of damages, fully as great, were judicially enforced, we should find the list of “accidents,” so termed by courtesy, wonderfully shortened.

Never, until more decided measures are taken, will there be *real* safety for those who travel. The only effectual way to induce strict supervision among the higher, and prompt obedience from the lower, officials of Companies incorporated for the purpose of transporting people, at high rates of speed especially,—is to make every accident, traceable in the slightest de-

gree to negligence or rashness, punishable by very high fines, if not in severer modes. The *pocket* is the only appeal which has ever been particularly felt.

In conclusion, we cannot but again call attention to the disproportion of paying \$16,000 or \$20,000 for injuries—the life being preserved; while \$5,000, only, is offered for killing a man! While the jury's verdict is just, the Company's appropriation is pitiful. Do Directors say, if we allow such sums to the relatives of those killed, we shall soon be bankrupt? You ought to be, we reply, if occurrences of this nature do not, of themselves, cause all carelessness and every risk to disappear from the men and machinery under your orders and inspection. The more persons destroyed, the heavier should be the damages recovered.* If ignorance and incompetence in the men employed be the cause of such dreadful disasters, pay more to others who are fit for their duties—it will prove a gain to you in the end, and the safety of others will be secured.

Many, as we have intimated, will never ask, in their bitter grief, for any material aid; if sympathizing friends exert themselves in their behalf, it is well; they will, perhaps, after a while, get the benefit of the usual appropriation: but it costs them no slight struggle to receive this—the food thus provided must be a choking morsel—let no *delay* make it still more unpalatable.

Shall we ever have any better security than printed codes of regulations for public conveyances? Will there ever be that thorough executive enforcement which alone can give them vitality and application? Every one knows that, hitherto, they have been but very partially regarded. If “guessing” upon railways is dangerous and should be met by the severest measures, the valuation of the dead comparatively with the living, above referred to, is alike absurd and unjust.

CONVENTION OF SUPERINTENDENTS OF LUNATIC ASYLUMS.

THE Association of Medical Superintendents of American Institutions for the Insane, commenced its tenth annual session on Tuesday, May 22, in this city.

They met in the Senate Chamber, which had been tendered them by the suggestion of the Hon. Charles H. Stedman, M.D., a past member of the Association. Twenty-five public and private institutions were represented—among them those of Canada, Missouri and North Carolina.

Dr. Luther V. Bell, of the McLean Asylum, resigned the office of President, and Dr. Isaac Ray, of the Butler Hospital, was elected President; Dr. Thomas S. Kirkbride, of the Pennsylvania Hospital, Vice President, and Dr. Charles H. Nichols, of the Government Hospital at Washington, Secretary.

On Wednesday, by invitation of our worthy Mayor, they assembled in the Common Council Chamber, at the City Hall, and continued to meet there until Friday evening, when they adjourned to meet at Cincinnati in May, 1856.

During the session Dr. Kirkbride read an interesting paper upon “Bloody Tumors of the Ear among the Insane,” which gave rise to a full and instructive discussion. Dr. Ray read an elaborate paper upon the insanity of George III. This paper was remarkable for historical research, and valua-

* We have just been informed that in certain States, Connecticut among others, since the catastrophe at Norwalk, the penalty has been fixed at \$10,000. This is an *approach* to a truer estimate of the value of life. We hope that the example will be followed and the amount increased.

ble for the information it contained upon a subject, of which, for state and other reasons, so little has hitherto been known. It is calculated, we understand, to make a sensation in medical and political circles, on both sides of the Atlantic. By vote of the Association, it is to be published.

Dr. Bell presented a second paper upon "Spiritual Phenomena." After stating certain facts which had come under his personal observation, such as the moving of tables through a space of fifty feet and the production of rappings, without the aid of machinery or human contact; and the prompt rendering of correct answers to questions, put audibly or mentally, of which no one present but himself could have known any thing; and, further, that in every instance, where the true answer was not known to some person in the circle, he failed to obtain a satisfactory response, he concluded by declaring his entire disbelief in their connection with spirits and the spirit world, but thought they were rather another form of mesmerism, and pointed to the idea of the *duality* of the brain. In the discussion which ensued, there was a general expression of thanks for the moral courage of the author in venturing to grapple with the subject, and of conviction that, should his views be generally adopted, "the rappings" would be shorn of their tendency to evil.

Papers were also read and full discussions had upon "Periodical Insanity," "Farms connected with Hospitals for the Insane," "The influence of the recumbent posture in sickness and health," "The construction of apartments for violent patients," "The use of restraint, and the best forms thereof," "Etherization in the treatment of insanity," and various other subjects connected with this specialty. The session was an interesting one, giving evidence that the knowledge of insanity and its treatment is progressive, and that this Association is doing very much, in its quiet and unobtrusive way, to advance the interests of the insane.

During the session, the hospitalities of the city, of various public and private institutions, and of many distinguished citizens were tendered to the Association. And we are happy to know that the members thereof bore away with them, to their several homes, pleasant impressions of Boston, her institutions, and her citizens.

Dr. Beale, the Philadelphia dentist, is lying seriously ill at the county prison, in Philadelphia.

NOTICES.

Communication Received.—Spontaneous Cure of Abdominal Tumor.

Books and Pamphlets.—Medical Lexicon of Modern Terminology, by D. Meredith Reese, M.D. LL.D. Third edition: 1855. (From Burnham & Brothers.)—Statistics of Injuries of the Heart, by Samuel S. Purple, M.D. (From the Author.)—Thirty-eighth Annual Report on the State of the Asylums for the Relief of Persons deprived of their Reason: 1855. (From Joshua H. Worthington, M.D.)

We shall publish in our next a communication respecting the last illness and *post mortem* appearances in the case of the late Dr. Chickering, of Jamaica Plain.

DIED.—At Jamaica Plain, 29th ult., Jesse Chickering, M.D., aged 57 years.—In Medford, suddenly, Dr. Alfred B. Stone, 25.

Deaths in Boston for the week ending Saturday noon, June 2, 73. Males. 41—females, 32. Accident, 2—apoplexy, 1—inflammation of the bowels, 1—inflammation of the bladder, 1—inflammation of the brain, 2—congestion of the brain, 1—disease of the brain, 1—consumption, 15—convulsions, 1—croup, 3—diarrhoea, 2—dropsy, 3—dropsy in the head, 2—drowned, 1—infantile diseases, 4—puerperal, 1—erysipelas, 3—typhoid fever, 5—scarlet fever, 1—gravel, 1—disease of the heart, 1—homicide, 1—intemperance, 3—marasmus, 2—smallpox, 7—teething, 3—unknown, 2—varioid, 1—varix lymphaticus, 1—worms, 1.

Under 5 years, 26—between 5 and 20 years, 3—between 20 and 40 years, 29—between 40 and 60 years, 13—above 60 years, 2. Born in the United States, 48—Ireland, 17—Scotland 1—British Provinces, 4—Germany, 2—Unknown, 1.

"*Proposal of a New Uterine Tent.*"—A paper on this subject was read before the Medico-Chirurgical Society of Edinburgh, May 2d, 1855, by HORATIO R. STORER, M.D., of Boston.

The American Slippery Elm, the *ulmus fulva* of Michaux, grows in great abundance throughout the northern and north-western States. The bark, when of good quality, is perfectly loaded with mucilage, which it readily parts with to water, and as a demulcent is much used by our trans-Atlantic neighbors in dysentery, diarrhœa, and diseases of the throat and urinary organs. As an external emollient it is also very useful, the bark or its powder being formed into a poultice with hot water. So long ago as 1837, in a paper entitled 'Elm-bark Surgery,' Dr. Macdowall, of Virginia, had drawn the attention of the profession to the application of the bark to the manufacture of surgical instruments, as bougies, catheters, tents in fistulæ, etc. etc.; frankly, however, stating a danger attendant on the use of such instruments, when seasoned and in a dry state—namely, their liability to break from their brittleness. Such an accident, occurring in the urethra or bladder, would be very troublesome; and the fear of such occurring, prevented the general use of the bark for such purposes, though Dr. Macdowall's paper received due notice in the British and Foreign Medical Review for July, 1838. This objection to its use in the formation of catheters was, in Dr. Storer's opinion, fatal, and as yet had not been surmounted. Dr. Storer, however, proposed to use it as a tent, either for opening up the os uteri, or for preserving the patency of the cervical canal. By bruising the bark, an abundant supply of fibrous tissue was obtained, of great flexibility and toughness, and admitting of being moulded into any shape or size. The tent, with a little glazing, was complete. Not only on the score of cheapness did it compete successfully with the spongent, but, from the important property which the bark possessed of freely parting with its mucilage, it applied a bland lubricating fluid to textures which were often from disease destitute of any such protection, and which resented the contact of such an irritating substance as sponge. Again, the expansion of these tents, though not so speedy as that of sponge, was not so annoying: it was entirely lateral, and not productive of any recoil. Specimens of the tents and of the bark were handed round.

Dr. Priestley had used the tents, and could speak favorably of them. He had no reason to complain of their brittleness; they had been generally expelled as a mass of mucilage. He had stated to Dr. Storer that tents of this material would be more useful in cases of mechanical dysmenorrhœa, where there was great contraction of the cervix.

Dr. Matthews Duncan was inclined to think very favorably of elm-bark tents. He only feared that their power of expansion was not great; and he should like to hear from Dr. Storer if he had made any experiments upon the subject. This expansion, however, was of little importance in the class of cases—viz., of mechanical dysmenorrhœa—in which Dr. Priestley had suggested their employment, as a great dilating power was not required, but merely some innocuous substance, sufficiently coherent to maintain a free channel of exit, and by its presence to induce enlargement of the canal by vital dilatation.

Dr. Douglas MacLagan said that the bark was well known to him. From the specimens before the Society, he doubted whether the substance, in the form of uterine bougies or tents, could be obtained of sufficient strength to admit of forcible insertion into a tight stricture.

Dr. Storer stated that the bark expanded to five or six times its size. He was still engaged in experimenting on the subject.

The President thanked Dr. Storer, in the name of the Society, for his very interesting communication, and expressed his opinion that the introduction into common use of a mild demulcent, which would sit light upon the stomach, would be attended with great benefit in the treatment of disease; and such a desideratum he hoped might be supplied by the bark of the slippery elm.—*London Association Medical Journal.*

The Woman's Hospital in New York has been opened at No. 83 Madison Avenue, for the reception of patients, and Dr. J. Marion Sims has sufficiently recovered his health to engage in the medical and surgical department of this charity.